1. **SCOPE:**

1.1 Title: Contractor Crane, Multi-Purpose Machine and Material Handling Equipment at a Naval Facility; provide

2. **REFERENCES:**

2.1 29 CFR Part 1910, Occupational Safety and Health Standards

2.2 29 CFR Part 1915, Occupational Safety and Health Standards for Shipyard Employment

2.3 29 CFR Part 1917, Marine Terminals

2.4 29 CFR Part 1926, Safety and Health Regulations for Construction

2.5 NAVFAC P-307, Management of Weight Handling Equipment

3. **REQUIREMENTS:**

3.1 Notify the SUPERVISOR one day prior to bringing any cranes, multi-purpose machines, material handling equipment, or construction equipment that may be used in a crane-like application to lift suspended loads on a Naval facility.

3.2 Comply with the requirements of 2.1 through 2.4, and Paragraph 1.7.2 of 2.5, prior to bringing or using any contractor cranes, multi-purpose machines and material handling equipment that may be used in a crane-like application to lift suspended loads on a Naval facility.

3.2.1 Maintain written documentation of the last weight test of the crane and all related weight handling equipment on site.

3.3 Ensure the handling and rigging gear and below the hook lifting devices and personnel comply with the following requirements:

3.3.1 Personnel performing rigging shall have an understanding of all signs, notices, and operating instructions, and be familiar with the applicable hand signals prescribed by the ASME B30 standard for the type of crane in use.

3.3.2 Personnel performing rigging shall be familiar with the rigging requirements in 2.1 through 2.4.
3.4 Inspect rigging gear in accordance with 2.1 through 2.4 and Paragraph 1.7.2 of 2.5.

3.4.1 Maintain certification records on site available for review during all work.

(V) "INSPECT CRANE"

3.5 Contractor shall:

3.5.1 Ensure all inspections are performed in accordance with 2.1 through 2.5 (daily, monthly, quarterly, and yearly), and retain the current documentation of inspections. Documents shall be kept on site.

3.5.1.1 Perform daily pre-use inspections and testing on all load hoisting and lowering mechanisms, boom hoisting and lowering mechanisms, swinging mechanisms, traveling mechanisms (if to be used that day), and safety devices.

3.5.2 Cranes that have to be re-rated shall be in accordance with SAE Recommended Practice, Crane Load Stability Test Code J765 and documentation maintained on site.

3.5.3 Have an operational anti-two-block device or a two-block damage prevention feature for all points of two-blocking.

3.5.4 Have a boom hoist disconnect, shutoff, or hydraulic relief to automatically stop the boom hoist when the boom reaches a predetermined high angle.

3.6 Conduct a joint verification with the Government representative to ensure that a legible and indelible completed copy of Appendix P, Figure P-1 of 2.5 is maintained on the crane, multi-purpose and material handling equipment used in a crane-like application to lift suspended loads. The following certification and testing documentation shall be on site prior to entry and use on any Naval facility:

3.6.1 Crane, multi-purpose and material handling equipment used in a crane-like application to lift suspended loads certification

3.6.2 Load testing

3.6.3 Yearly, monthly, and daily inspection logs

3.6.4 Rope/sling certifications

3.6.5 Operator certifications/designations

3.6.6 Designation of person performing log inspections

3.6.7 Cranes that are permanently located on a Naval facility shall have a quarterly joint verification.
3.7 Develop and maintain on site a critical lift plan in accordance with Paragraph 1.7.2 of 2.5.

3.7.1 Complete and maintain a copy of Attachment A for each lift.

3.8 Report verbally each accident to the SUPERVISOR immediately but not later than 4 hours of such an event.

3.8.1 Secure the accident site and preserve the scene until released by the SUPERVISOR.

3.8.1.1 Conduct an accident investigation to establish root cause(s) of any accident.

3.8.2 Withhold further crane, multi-purpose and material handling equipment operations until the cause is determined and corrective actions are implemented and approved by the SUPERVISOR.

3.8.3 A crane and rigging gear accident is when any of the following occurs during crane, multi-purpose and material handling equipment operations:

3.8.3.1 Personnel injury or death
3.8.3.2 Material or equipment damage
3.8.3.3 Dropped load
3.8.3.4 Derailment
3.8.3.5 Two-blocking
3.8.3.6 Overload
3.8.3.7 Collision, including unplanned contact between the load, crane, multi-purpose, material handling equipment and/or other objects

3.8.4 Provide a formal written report of the event to the SUPERVISOR within one day of each accident.

3.8.5 Submit one legible copy, in approved transferrable media, of the accident report consisting of a summary of circumstances, and explanation of cause(s), and corrective actions taken, using Attachment B, to the SUPERVISOR within 15 days of each accident.

4. NOTES:

4.1 None.
<table>
<thead>
<tr>
<th>ITEM NO: 009-40</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTRACTOR CRANE OPERATION CHECKLIST FOR CRITICAL LIFTS</strong></td>
</tr>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>7</strong></td>
</tr>
<tr>
<td><strong>8</strong></td>
</tr>
<tr>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>10</strong></td>
</tr>
<tr>
<td><strong>11</strong></td>
</tr>
<tr>
<td><strong>12</strong></td>
</tr>
<tr>
<td><strong>13</strong></td>
</tr>
<tr>
<td><strong>14</strong></td>
</tr>
<tr>
<td><strong>15</strong></td>
</tr>
<tr>
<td><strong>16</strong></td>
</tr>
<tr>
<td><strong>17</strong></td>
</tr>
<tr>
<td><strong>18</strong></td>
</tr>
<tr>
<td><strong>19</strong></td>
</tr>
<tr>
<td><strong>20</strong></td>
</tr>
<tr>
<td><strong>21</strong></td>
</tr>
<tr>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

Contractor:  
Subcontractor:  
Location:  
Date:
## CRANE AND RIGGING GEAR ACCIDENT REPORT

**Accident Category:**
- [ ] Crane Accident
- [ ] Rigging Gear Accident

**From:**

**To:** SUPERVISOR

**Activity:**

**Report No.:**

**Crane No.:**

**Category:**

**Accident Date:**

**Time:** hrs

**Category of Service:**
- [ ] SPS
- [ ] GPS

**Crane Type:**

**Crane Manufacturer:**

**Was Crane/Rigging Gear Being Used in SPS?**
- Yes _____ No_____

**Was Crane/Rigging Gear Being Used in a Complex Lift/Critical non-crane rigging operation?**
- Yes_____ No_____

**Location:**

**Weather:**

**Crane Capacity:**

**Hook Capacity:**

**Weight of Load on Hook:**

**Fatality or Permanent Disability?**
- Yes [ ] No [ ]

**Material/Property Cost Estimate:**

**Accident Type:**
- [ ] Personal Injury
- [ ] Overload
- [ ] Derail
- [ ] Damaged Rigging Gear
- [ ] Load Collision
- [ ] Two Blocked
- [ ] Dropped Load
- [ ] Damaged Crane
- [ ] Crane Collision
- [ ] Damaged Load
- [ ] Other Specify

**Cause of Accident:**
- [ ] Improper Operation
- [ ] Equipment Failure
- [ ] Inadequate Visibility
- [ ] Improper Rigging
- [ ] Switch Alignment
- [ ] Inadequate Communication
- [ ] Track Condition
- [ ] Procedural Failure
- [ ] Other Specify

**Chargeable to:**
- [ ] Crane Walker
- [ ] Rigger
- [ ] Operator
- [ ] Maintenance
- [ ] Management/Supervision
- [ ] Other Specify

**Crane Function:**
- [ ] Travel
- [ ] Hoist
- [ ] Rotate
- [ ] Luffing
- [ ] Telescoping
- [ ] Other
- [ ] N/A

**Is this accident indicative of a recurring problem?**
- Yes [ ] No [ ]

**If yes, list Accident Report Nos.:**

---

**ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure, include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List immediate and long term corrective/preventive actions assigned and respective codes.**

**Preparer:**
- Phone and email
- Code
- Date

**Concurrences:**
- Code
- Date

**Certifying Official (Crane Accidents Only):**
- Code
- Date

---

FOR OFFICIAL USE ONLY
CRANE AND RIGGING GEAR ACCIDENT REPORT INSTRUCTIONS

Electronic submission will be accepted without signatures but the names of the preparer, concurring personnel, and certifying official (for crane accidents only) must be filled in.

1. Accident Category: Indicate either crane accident or rigging gear accident.
2. From: The contractor that is responsible for reporting the accident.
3. Activity: The naval activity where the accident took place.
4. Report No.: The activity assigned accident number (e.g., 95-001).
5. Crane No.: The activity assigned crane number (e.g., PC-5), if applicable.
6. Category: Identify category of crane (i.e., 1, 2, 3, or 4), if applicable.
7. Accident Date: The date the accident occurred.
8. Time: The time (24 hour clock) the accident occurred (e.g., 1300).
9. Category of Service: Check the applicable service (SPS as defined by NAVSEA 0989-030-7000).
10. Crane Type: The type of crane involved in the accident (e.g., mobile, bridge), if applicable.
11. Crane Manufacturer: The manufacturer of the crane (e.g., Dravo, Grove, P&H), if applicable.
12. SPS: Was the crane or rigging gear being used in an SPS lift?
13. Complex lift: Was the crane or rigging gear being used in a complex lift?
14. Location: The detailed location where the accident took place (e.g., building 213, dry dock 5).
15. Weather: The weather conditions at time of accident (e.g., wind, rain, cold).
16. Crane Capacity: The certified capacity of the crane (e.g., 120,000 pounds), if applicable.
17. Hook Capacity: The capacity of the hook involved in the accident at the maximum radius of the operation, if applicable.
18. Weight of Load on Hook: If applicable, the weight of the load on the hook.
19. Fatality or Permanent Disability?: Check yes or no.
20. Material/Property Cost Estimate: Estimate total cost of damage resulting from the accident.
22. Accident Type: Check all that apply.
23. Cause of Accident: Check all that apply.
24. Chargeable to: Check all that apply.
25. Crane Function: Check the function(s) in operation at time of accident. Check all that apply. Check N/A if a rigging gear accident.
26. Is this a recurring problem?: Check yes or no. Identify any other similar accidents.
27. Situation Description/Corrective Actions: Self-explanatory.